

The Future of Operational Health Suppor

### CAF / MAF SG CONFERENCE

### **EMEDS FUTURE**

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### **OVERVIEW**

- EMEDS core capability
- SPEARR
- Basic and proposed changes
- Logistics / IM-IT
- Chemically Protected (CP) EMEDS
- Training
- Production schedule and fielding plans
- Building block capability
- EMEDS / SPEARR Summit results



### **EMEDS FOCUS**

- Light, lean, modular, lifesawi
- Small footprint
  - Logistics and personnel
- Robust initial capability
  - Primary care / prev focus
  - Trauma resuscitation
- Multi-functional team composition
- Timely expeditionary A/E
- Maximum command and control flexibility





- Separate CONOPs for unique, frequently used force package
- Completely interoperable
  - Augmented by EMEDS Basic
- Key concepts
  - Rapid response
  - Maximum mobility
  - Multifunctional
  - Highly capable





- Provides extremely mobile clinical disaster
   / contingency operations team
- Flexibility: Two modes of employment
  - Man-portable backpacks using shelter(s) ef apportunity
  - Sling loadable trailer (1 pallet

supplies





- 10-Person Subset of EMEDS Basic UTCs
  - 2-Person Prevention and Aerospace Med Tm
  - 5-Person Mobile Field Surgical Tm
  - 3-Person Expeditionary Critical Care Tm
- Targeted Population
  - Initial military / civ
  - Up to 500 personne
  - 7 days of supply





- Initial Disaster Medical Assessment
- Public Health / Preventive Medicine
- Primary Care
- Flight Med
- Emergency Medicine
- Emergency Surgery
- Crit Care Stabilization
- A/E Coordination





### **EMEDS BASIC DOCTIRINE**

- 3 Pallets (includes 1 pallet SPEARR) and 25 People
- Population at Risk (PAR) of 500-2000
- Expeditionary Combat Support Is Provided
- Utilize Vehicles of Opportunity for Patient Transport
- Not Dependent on Host Nation Support
- Austere Environment; Resupply in 7 Days
- CBW Threat Is Low



### **EMEDS BASIC CAPABILITY**

- Robust Primary Care and Prevention
- Disaster Response
  - 10 serial damage control surgeries or 20 nonoperative resuscitations without resupply
  - Up to 30 units refrigerated group O blood
- AE Policy Is Less Than 1-day; Urgent ASAP
- 4 Pt Holding Bed Capacity Less Than 24 Hours



### BASIC CONFIGURATION



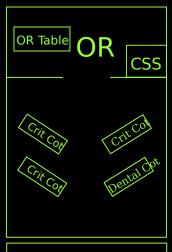
Supply

Public Health

Bio Environmental

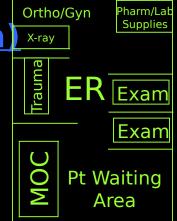
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C2 Cell



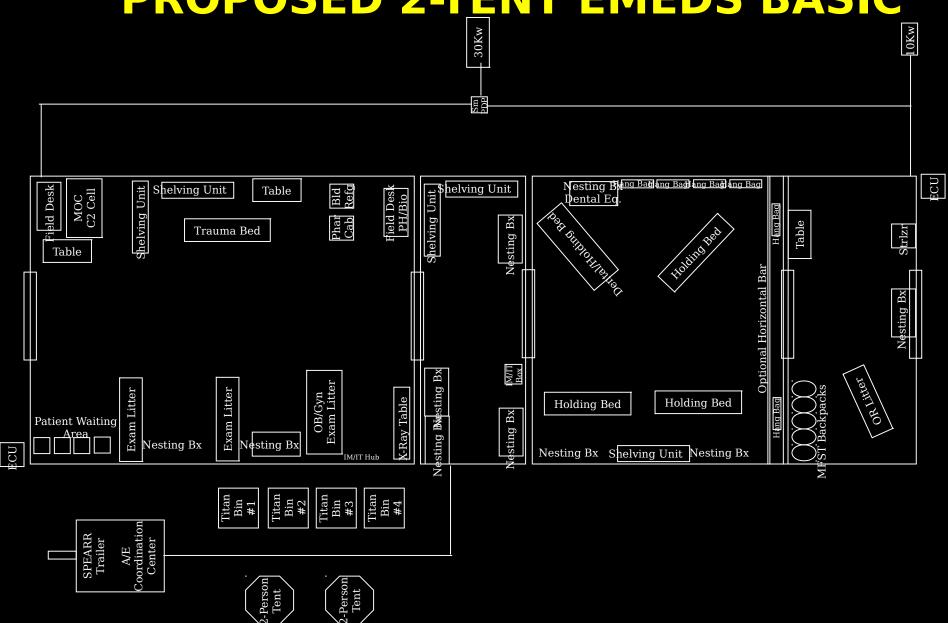
### **Expeditionary Falcon Tent (Alaska)**

- More Efficient Insulation
- Increased Overhead Space
- 25% Reduction in Weight
- Under Procurement by Line





### PROPOSED 2-TENT EMEDS BASIC





## PROPOSED TWO TENT CONFIGURATION

- Push-pallet with tent, ECU, OR Table and resupply items will arrive in 10-14 days
- Now able to deploy with organic power
- Must store some supplies outside tent in Titan Bins
- OR becomes multi-functional when not being used for surgery
- Use trailer and four man tents wisely



### **AUGMENTATION CAPABILITY**

- Biological Aug. Tm
- Frozen Blood Product Tm
- Endodontic Aug. Tm
- ENT Aug. Tm
- Ophthalmology Aug Tm
- Optometry Aug. Tm
- Thoracic/Vascular Surg.
   Tm
- Mental Health Rapid Response Tm
- BEE NBC Tm
- Radiology Aug. Tm

- Patient Decontamination Tm
- OB Treatment Tm
- GYN Treatment Tm
- Infectious Disease Tm
- Pediatric Module
- Urology Aug. Tm
- Neurosurgical Aug. Tm
- Primary Care Treatment Tm
- Nuclear Incident Response Force Team 1/2
- Radioanalytical Assessment Tm

Note: List not all inclusive, <u>159</u> Medical/Equipment Unit Type C



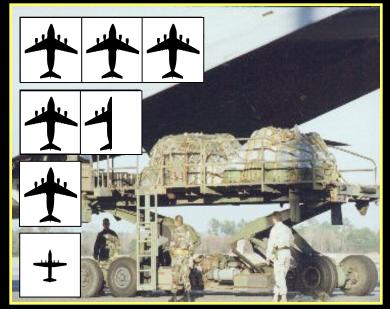
### **LOGISTICS IMPACT**

- Major Reductions in Weight/Cube
  - Reengineered resupply system (10 Days Vs. **30 Days)**
  - Alaska Shelter reduces tentage weight by **25%**
  - Technology Guaratilat (VEG PROBONIE) and generator

	<u>Pallets</u>	<u> Airlift</u>
25-Bed ATH	55	3 C-
17s*		

**EMEDS +25** 25 1.3 C-17

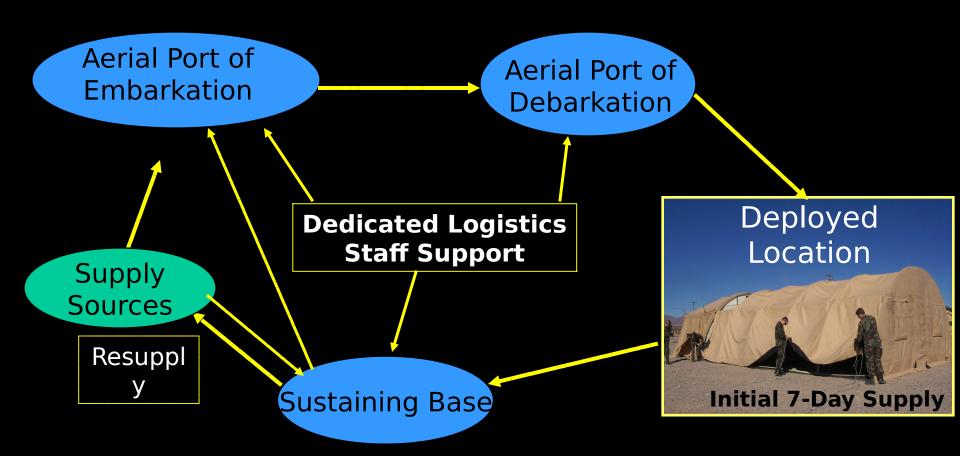
17 1 C-17 EMEDS +10



**EMEDS Basic** 3 1 C-130



### LOGISTICS "REACH BACK" PIPELINE



- Multiple Sources Worldwide
- Large Metro Area (Accessibility)



### EMEDS IM / IT

- Insertion begins at EMEDS Basic
- 3 Servers
- 26 Laptops
- Training by TMIP
  - GEMS
- Improved M-4 (laptop)
   Satellite Communications
- Personal E-Mail Accounts
- MSOffice / Dental / Sarah Lit FormFlow / UDR





### EMEDS TRAINING

- Orientation training by ACC/SG Transition Team
  - Focus on infrastructure / equipment familiarization
  - Provides "first look" at EMEDS
  - Scheduled by ACC Transition Team
- Formal "in-residence" training
  - School of Aerospace Medicine (Brooks AFB TX)
  - Focus on EMEDS Basic and +10 increments
    - +25 training at home station or just-in-time
  - Clinical / operationally intense 6-day course in field
  - Formal course dates scheduled by Air Staff

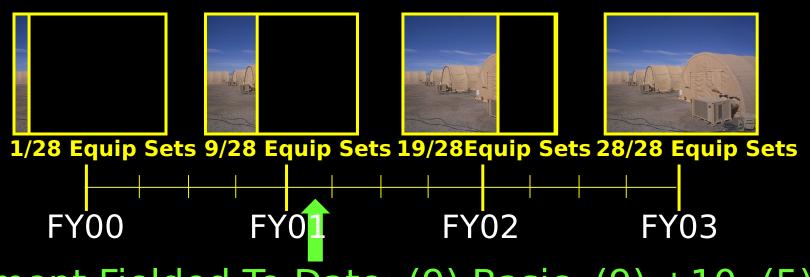


### **SPEARR TRAINING**

- Joint Trauma Training Centers
  - Ben Taub
  - Baltimore
  - St Louis
  - Albuquerque
- Training Priority
- RSVP for smaller facilities (Langley) ?



### PRODUCTION SCHEDULE



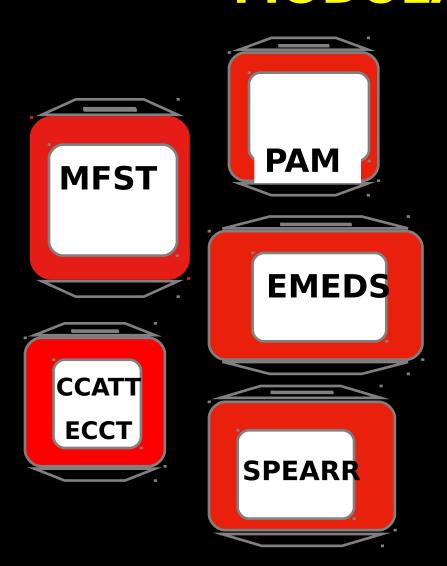
quipment Fielded To Date: (9) Basic, (9) +10, (5) +2

### **Total Production**

- 28 EMEDS Basic sets
- 26 EMEDS +10 Bed
- 18 EMEDS +25 Bed
- 32 SPEARRs 4 Stand-alones

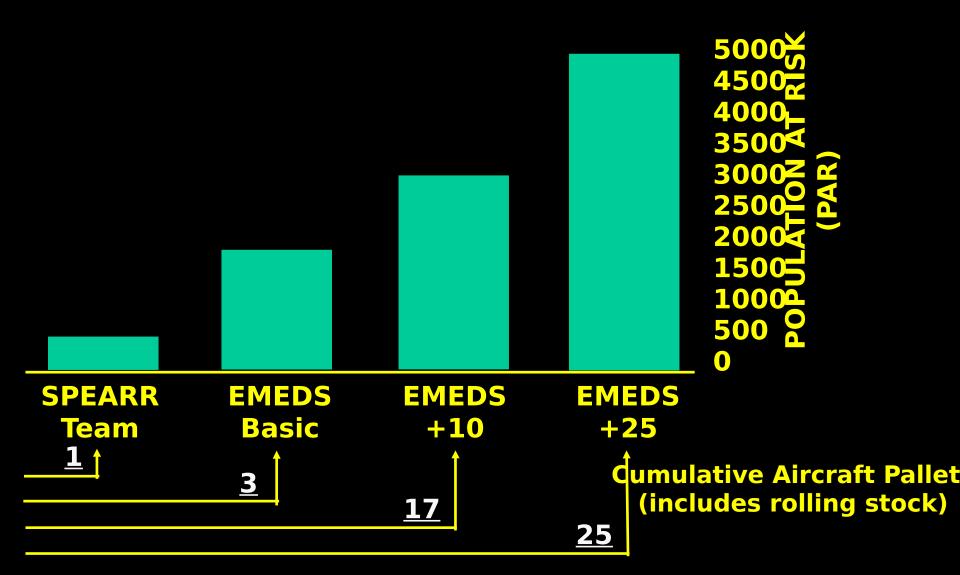


# MEDICAL BUILDING BLOCKS: MODULAR RESPONSE



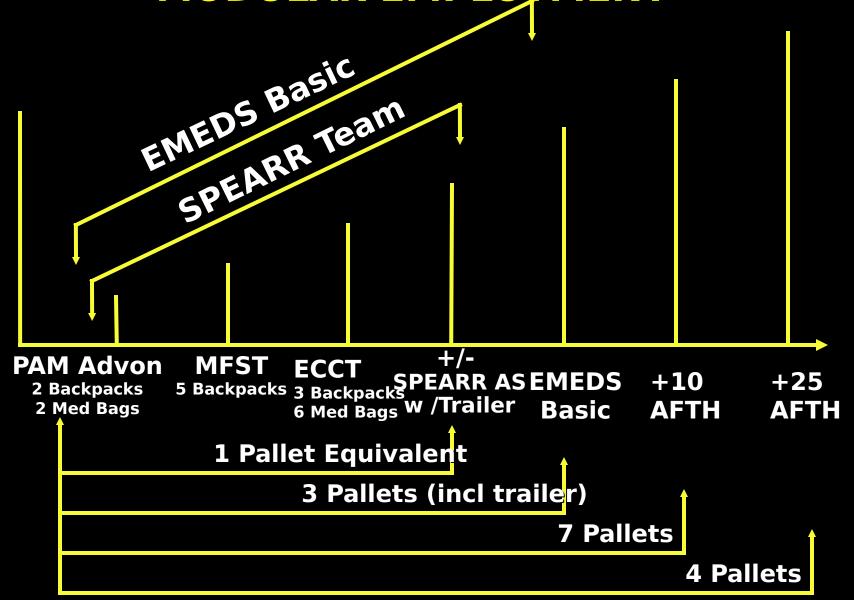
- Problem specific treatment
- Increased efficacy
- Extends limited resources
- Maximizes options for CCs
- Flexible force modules

### **EMEDS CONCEPT**



**Expandable in 25-Bed Increments and/or Specialty** 

## SPEARR and EMEDS / AFTH CONOPS: MODULAR EMPLOYMENT







### EMEDS +25

Privacy Area

Supply

Public Health

BEE

BMET

C2 Cell

CSS
Surgery

Ward

Ward



Pharmacy

Laboratory

Radiology

Exam

Emergency
Room

Operations
Center

Critical Care

Dental

Ward

### **EMEDS TRANSITION**

## CHEMICALLY PROTECTED EMEDS (CP-EMEDS)

- Planned, near-term enhancement
- Adapt CHATH technology to EMEDS
- Preliminary testing successful
  - Oct 00 final design / engineering tests
- Chemical protection starts at EMEDS Basic level

• Proliminary plants to centrally stere 10.13



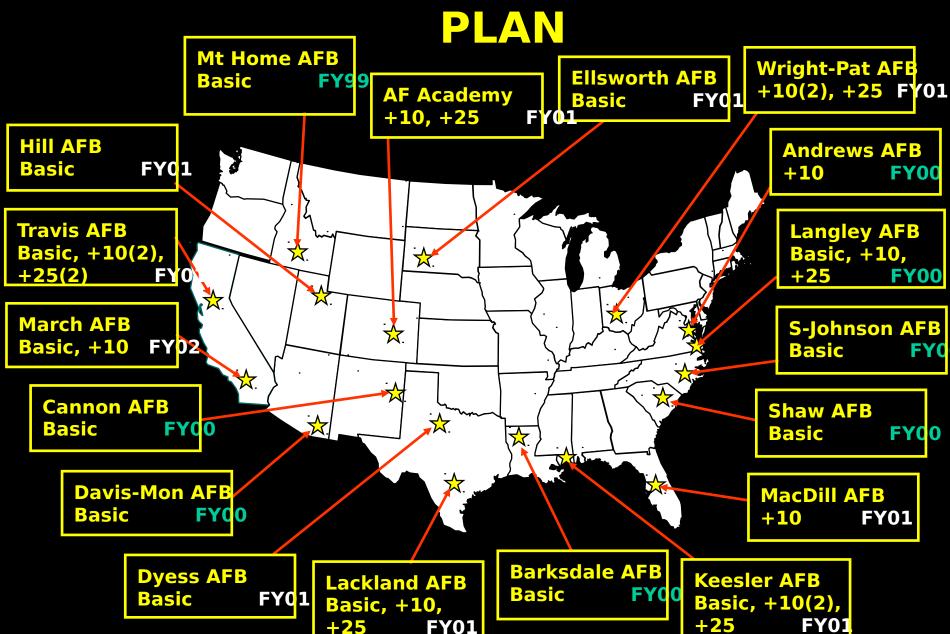




### **CP - EMEDS**

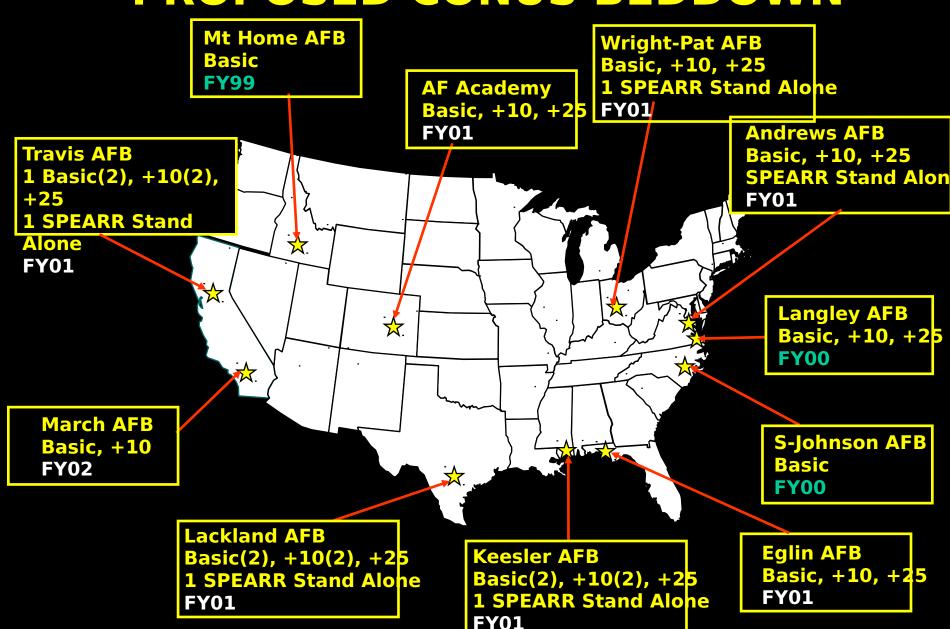


### URRENT CONUS BEDDOWN





### PROPOSED CONUS BEDDOWN



## CURRENT OCONUS BEDDOWN PLAN

**Capability Operational Base / Region** Basic, +10, \*+25 Ramstein AB GE Lakenheath AB UK Basic, +10, +25 FY00 Basic, +10, +25 FY00 Elmendorf AFB, AK Basic, +10, +25 FY01 Yokota AB, JP **Spangdahlem AB GE** Basic, +10, +25 FY01 **Korean Peninsula** Basic(5), +10(5)+25(5)**Southwest Asia** Basic(4), +10(4), +25(1)**FY02** 

Note: \*+25 package arrives FY01

One complete package available in Korea in F

## PROPOSED OCONUS BEDDOWN PLAN

**Capability Operational Base / Region** Ramstein AB GE Basic, +10, \*+25 Lakenheath AB UK Basic, +10, +25 FY00 Basic, +10, +25 FY00 Elmendorf AFB, AK Basic, +10, +25 FY01 Yokota AB, JP Spangdahlem AB GE **Basic**, +10 **FY01 Korean Peninsula** Basic(5), +10(5)+25(5)**Southwest Asia** Basic(4), +10(4), +25(1)**FY02** 

Note: \*+25 package arrives FY01
One complete package available in Korea in F



### **SPEARR / EMEDS SUMMIT**

- Held 3-5 Jan 01 at Air Force Medical Logistics Office (AFMLO)
- Attendees: SPEARR/EMEDS subject matter experts from throughout the Air Force
- Goal: Satisfy expectations and identify existing and projected capabilities and resources



## SPEARR / EMEDS SUMMIT 911 RESPONSE OPTIONS

- Provide CINCs a streamlined medical disaster response capability and tasking process
- Align 911 response with Lead Mobility Wings (LMW) - associated, not necessarily colocated
- Execute 911 response through TACC
- Associate Medical UTCs in the LMW UTC within a LAA TPFDD



## EMEDS / SPEARR SUMMIT 911 RESPONSE OPTIONS

- Establish Unified Command CONPLANs w/ TPFDDs
- Place in AEWs (2 each + 1 for Iron) (\*60 / 60)
- 3 in each AEF pair for sustainment
  - PSAB (CENTCOM) & Incirlik (EUCOM)
- Will provide 911 SPEARR capability
  - 2 hour alert posture, 24 hrs / day, 7 days / week
  - 1 x SPEARR now
  - 2 x SPEARRs by AEF Cycle 3 (Feb 02)



## EMEDS / SPEARR SUMMIT 911 RESPONSE OPTIONS

#### **AEF Sustainment:**

- Prepositioned coverage for CENTCOM, EUCOM, SOUTHCOM
- PACOM has Tri-Service Response Capability
- JFCOM effectively without 911 response capability



## EMEDS / SPEARR SUMMIT SPEARR AND +25 BUILD PROGRAM

#### **Assumptions:**

- EMEDS transition completed by end of FY02
- EMEDS + 25 authorizations questioned after OPLAN review
- Overseas activities still build to + 25 capability
- Accelerated SPEARR packages "Centrally" built



## EMEDS / SPEARR SUMMIT SPEARR AND +25 BUILD PROGRAM

- Funding is required for manpower to build
- Manpower concern to sustain new assemblages
- Provides time to acquire more storage requirements
- Potential increase in FY02 manpower requirements and workload
- Accelerates 10 FY02 SPEARR Equipment Packages to FY01
- Exceeds FY01 SPEARR Team Manpower Capability by 8 Sets



## EMEDS / SPEARR SUMMIT TRAINING

- Training slots must be reallocated to Med Centers vs. lead wings with short lead time
- Instructors and SPEARR UTCs sourced from same limited AFSC pool
- Plan does not include formal RC training in FY 01
- EMEDS +25 training accomplished by annual inventory / exercise and Just-in-Time training
- Field Train up to 20 of 33 SPEARRs FY01
- Lakenheath / Elmendorf must receive training ASAP



### SUMMIT RECOMMENDATIONS

- Delay building 4 EMEDS +25
- Delay all EMEDS +25 formal training
- Divert EMEDS+25 funds to accelerate FFEE8 packages and training for SPEARR teams
- Authorize Cycle 3 sourcing (June 01) of Lakenheath and Elmendorf MFST and EP1 UTCs
- Top down direction for Elmendorf and Lakenheath to Ben Taub / Baltimore by end of calendar year 01
  - Will impact Managed Care Support contracts



## EMED / SPEARR SUMMIT AF/SG APPROVALS

- Delay 4 x EMEDS +25 builds and all EMEDS +25 formal training
  - Allows more rapid acquisition / training of SPEARR teams
- Authorize sourcing of Lakenheath and Elmendorf by June for cycle 3 sourcing
- Top down direction for Elmendorf and Lakenheath to Ben Taub / Baltimore by end of calendar year 01



### **EMEDS / SPEARR SUMMIT**

- Formalize / centrally fund thru education and training BA EMEDS courses / Readiness Skills Training Centers
  - Provides manpower, sustainment, TDY dollars
  - Provides centralized tracking of training thru AFTMS (Air Force Training Management System)
  - Formal courses more likely to get Wing CCs' support



### **EMEDS / SPEARR SUMMIT**

#### **EXTERNAL SG COORDINATION**

- Request CSAF waiver to re-allocate units in cycle 2
- Prepare Corona brief to solicit CINC 911 requirements and support for development of unified command plans
  - Define projected AFMS rapid response capability
  - Timeline for IOC and FOC
  - Will be used to develop CONPLAN / OPLAN



### **SUMMARY**

#### **Rapidly Changing Capability:**

- Things may have already changed after recent MRL meeting
- Global Engagement cover the full spectrum
  - 911 Response, HUMROs, SSCs
- Limited resources money and manpower
- Must be able to get to the fight "light & lean"
- Need "full-up, multi-functional rounds" RSVP
- Can't forget our OPLANS



### **QUESTIONS?**



"In the middle of difficulty lies opportunity"

- Albert Einstein